

1082

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

09/914605

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9	/					
10		/				
11		/				
12		/				
13		/				
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43		/				
44		/				
45		/				
46		/				
47		/				
48	/					
49		/				
50		/				
TOTAL IND.	7	↓		↓		↓
TOTAL DEP.	145	↓		↓		↓
TOTAL CLAIMS	152					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52		/				
53		/				
54		/				
55		/				
56		/				
57		/				
58		/				
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87		/				
88		/				
89		/				
90		/				
91		/				
92		/				
93		/				
94		/				
95		/				
96		/				
97		/				
98		/				
99		/				
100		/				
TOTAL IND.		↓		↓		↓
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS